

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 04/1653730 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/				
3	/		(1)			
4	/		(1)			
5	/		(1)			
6	/		(1)			
7	/		(1)			
8	/		(1)			
9	/		(1)			
10	/		(1)			
11	/		(1)			
12	/		(1)			
13	2		(1)			
14	3		(1)			
15	/		(1)			
16	/		(1)			
17	/		(1)			
18	/		(1)			
19	/		(1)			
20	/		(1)			
21	/		(1)			
22	/		(1)			
23	/		(1)			
24	/		(1)			
25	/		(1)			
26	/		(1)			
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50		(1)				
TOTAL IND.	9					
TOTAL DEP.	67	↓	↓	↓		
TOTAL CLAIMS	74					

	*	*	*
IND.	IND.	DEP.	IND.
51	0		
52	3		
53	3		
54	7		
55	1		
56	1		
57	1		
58	1		
59	1		
60	6		
61	0		
62	1		
63	1		
64	1		
65	1		
66	1		
67	1		
68	0		
69	0		
70	1		
71	1		
72	1		
73	1		
74	1		
75	1		
76	1		
77	1		
78	0		
79	0		
80	0		
81	0		
82	0		
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.		21	
TOTAL DEP.		28	↓
TOTAL CLAIMS		22	↓